

# 2005 NOT-FOR-PROFIT CORPORATE ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90270 045 \*\*\*\*61.25

**DOCUMENT # 750520**

1. Entity Name  
FLORIDA AVIATION HISTORICAL SOCIETY, INC.

Principal Place of Business  
14607 BREWSTER DRIVE  
LARGO, FL 33774-4822

Mailing Address  
PO BOX 127  
INDIAN ROCKS BEACH, FL 33785-0127

14010300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2103284

Appl.  
Not A

5. Certificate of Status Desired ☐ \$8.75 Additio  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE NOOYER, ERICJAN D  
14607 BREWSTER DRIVE  
LARGO, FL 33774-4822

Name  
BROWN, M.D., DR. WARREN

Street Address (P.O. Box Number is Not Acceptable)

14607 BREWSTER DRIVE

City  
LARGO

FL Zip Code  
33774-

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.

SIGNATURE

DR. WARREN J. BROWN, M.D. (treasurer)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

Make check payable to:  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D  
NAME BROWN, M.D., DR. WARREN J  
STREET ADDRESS 14607 BREWSTER DR.  
CITY-ST-ZIP LARGO, FL 337744822 ☒ Delete

TITLE P/D  
NAME BISHARA, MICHAEL N.  
STREET ADDRESS 8761 ABBEY LN  
CITY-ST-ZIP LARGO, FL 33771-4614 ☐ Change ☐

TITLE V/D  
NAME BISHARA, MICHAEL  
STREET ADDRESS 225 COUNTRY CLUB DR, #F1601  
CITY-ST-ZIP LARGO, FL 337712239 ☒ Delete

TITLE V  
NAME SEYMOUR ETTINGER  
STREET ADDRESS 11600 PARKVIEW LANE  
CITY-ST-ZIP SEMINOLE, FL 33772 ☐ Change ☐

TITLE T  
NAME DE NOOYER, ERICJAN D  
STREET ADDRESS 14607 BREWSTER DR.  
CITY-ST-ZIP LARGO, FL 337744822 ☒ Delete

TITLE T/D  
NAME BROWN, M.D., DR. WARREN J.  
STREET ADDRESS 14607 BREWSTER DR  
CITY-ST-ZIP LARGO, FL 33774-4822 ☐ Change ☐

TITLE S/D  
NAME TAADA, ERKKI  
STREET ADDRESS 3997 48TH AVE. S.  
CITY-ST-ZIP SAINT PETERSBURG, FL 33711 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE D  
NAME BARNES, WILLIAM H  
STREET ADDRESS 132 LAKESHORE DR. N.  
CITY-ST-ZIP PALM HARBOR, FL 34684 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE D  
NAME BUSTON, WILLIAM L  
STREET ADDRESS 4318 13TH AVE. N.  
CITY-ST-ZIP SAINT PETERSBURG, FL 337135202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. Warren J. Brown M.D. DR. WARREN J. BROWN, M.D. 4-26-05 727-595-27  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #